

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75031

(1)

1. Corporation Name

BLISS ENTERPRISES, INC.

Principal Place of Business

FLORIDA MALL #102
8001 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809

Mailing Address

FLORIDA MALL #102
8001 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2816995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, MARK O.
200 EAST ROBINSON STREET, SUITE 885
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of, typed or printed name of registered agent and title if appropriate

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	IVERS, LAWRENCE
STREET ADDRESS	815 SHRIVER CIRCLE
CITY - ST - ZIP	LAKE MARY FL
TITLE	ST
NAME	IVERS, SANDRA
STREET ADDRESS	815 SHRIVER CIRCLE
CITY - ST - ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	SAME	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS	1910 BENHURST PL.	
4. CITY - ST - ZIP	MAITLAND FL 32751	
5. TITLE	SAME	☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS	1910 BENHURST PL.	
8. CITY - ST - ZIP	MAITLAND, FL 32751	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence Ivers

LAWRENCE IVERS

4/19/95

707 240 3204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)